



Targeted Provider Rate Increases FY2014-15 Fact Sheet

Background

During the 2014 legislative session, the Colorado General Assembly approved a series of targeted rate increases to specific providers, codes and specialties. These increases are aimed to address large inequities in rates and to demonstrate the Department's priority to pay for services that provide high value for clients. Please note that federal approval may take a number of months, particularly for HCBS waiver increases. In that case, retro-active payments will be made to reflect the July 1st effective date. Below is a brief description of each rate increase. For more information, please [click here](#).

Pediatric Hospice Waiver Services

Description: The Department appropriated an additional \$246,878 to increase rates for the waiver for Children with Life Limiting Illness. This increase will improve access to services for children with life limiting illnesses.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Extended/After Hours Rate Increase

Description: The Extended/After Hours rate increase will allow providers to receive an extra \$7.00 in reimbursement for rendering treatment during extended hours. This will act as an incentive for providers to remain open later or on the weekends to ensure clients can receive care they need in a less expensive setting.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Transitional Living Program for Brain Injury Clients

Description: Increase provider reimbursement for the Transitional Living Program, which serves clients with critical injuries in returning home and integrating back into their community after suffering a traumatic brain injury. Increase current Medicaid rate by 191% to incentivize provider participation in this program for clients recovering from traumatic brain injuries.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Pediatric Developmental Assessments

Description: Reimbursement for developmental assessments (CPT 96110) is being increased by 50% to increase access to these services. Currently, a waiting list exists for these assessments and this change will increase current capacity and incentivize additional providers to offer assessments.

Timing: The new rate increase takes effect 7/1/2104 pending federal approval.

Single Entry Point (SEP) Funding Increase

Description: Increase reimbursement for the Single Entry Points by 10% to better reimburse for vital case management services. This increase will improve the client experience, increase their quality of life, and result in better health outcomes.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Ambulatory Surgical Center (ASC) – Surgeons

Description: Surgeries can frequently be performed at a lower cost in the ASC setting rather than the outpatient hospital setting. The Department will invest \$1,000,000 in ASCs. \$500,000 to incentivize surgeons to choose to perform more surgeries in the ASC setting rather than the outpatient setting and \$500,000 to increase specific codes for ASCs.

Timing: First Quarter of SFY 2014-15, pending federal approval.

High-Value Specialist Services

Description: Reimbursement for these high-value services, currently reimbursed at 65% or less of Medicare, is being increased to 80% of the current Medicare rate. These increases will improve access for clients and result in better health outcomes. For a full list of high-value specialist codes please click [here](#).

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Mammography Codes Increase

Description: Reimbursement for the following codes for advanced breast cancer imaging are being increased to 80% of current Medicare rate: G0202, G0204 and G0206. These increases will improve access to early detection and treatment, improving cure and recovery rates for Medicaid clients.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Complex Rehabilitation Codes increase

Description: Reimbursement for the following codes is being increased to 80% of the current Medicare rate: 92608, 97542 and 97755. Few providers currently offer these services and these increases will improve client access and potentially attract additional providers.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Federally Qualified Health Center's (FQHCs)

Description: Reimbursement rates for FQHC's will be moved up to Alternative Payment methodology (APM) in order to get FQHC's back to cost based reimbursement.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

Family Planning Codes

Description: Reimbursement codes with the prefix S4993 (oral contraceptives) will be increased to a flat rate of \$35, and the following specific family planning codes will be increased by 15%: A4264, A4550, J1055, J7302, J7303, J7304 and J7307.

Timing: The new rate increase takes effect 7/1/2014 pending federal approval.

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